

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Jefferson	Charmaine		(213) 744-7513	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
600 State Drive, Exposition Park		Los Angeles	CA	90037
				OPTIONAL: E-MAIL ADDRESS
				cjefferson@caamuseum.org

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California African American Museum

Division, Board, District, if applicable:

Dept. w/n State Consumer Services Agency

Your Position:

Executive Director (since 6/2003)

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: California Arts Council

Position: Council Member (since 4/2007)

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: _____

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

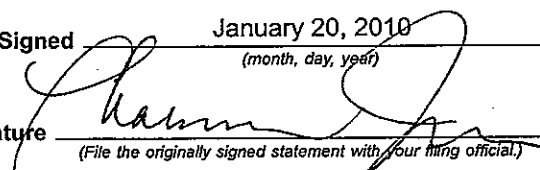
☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed January 20, 2010
(month, day, year)

Signature 
(File the originally signed statement with your filing official.)

Investments

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM **700**

Charmaine Jefferson

NAME OF BUSINESS ENTITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	FAIR MARKET VALUE (Select from drop down list)	NATURE OF INVESTMENT (Select from drop down list If other, describe)	IF APPLICABLE, LIST DATE (mm/dd/yyyy)
Kalan Resources	Arts Consulting & Management	\$2,000 - \$10,000	Owner	
Underground Sound Artist Management	Entertainment Management Firm	\$2,000 - \$10,000	Spouse is the Owner	

Spouse is the Owner

Cell: A7

Comment: After completion, ensure that there are no blue fields on this schedule. If so, you must complete that cell.

Cell: A9

Comment: Disclose the name of the business entity.

Cell: B9

Comment: Provide a general description of the business activity of the entity (for example, pharmaceuticals, computers, automobile manufacturing, or communications).

Cell: C9

Comment: Select the highest fair market value of your investment during the reporting period. If you are filing a candidate or an assuming office statement, indicate the fair market value on the filing date or the date you took office, respectively.

Cell: D9

Comment: Identify the nature of your investment (for example, stocks, warrants, options, or bonds).

Cell: E9

Comment: If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.

<BLUE> is a required field

***Select from drop down list**

**Investments, Income, and Assets
of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 7nn FAIR POLITICAL PRACTICES COMMISSION	
Name	Charmaine Jefferson

[illegible]